Evidence for change of birth date and age is on:

04167

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

FILM No. G 125 MAY 1 1950

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HENRYTON - LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) D. (Last) Bowen

4. DATE OF DEATH (Month) April (Day) 23 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11-17-1872

9. AGE last birthday 76 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME William G. Gordon

14. MOTHER'S MAIDEN NAME Josephine Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Jerome O'Neill - 4404 Grandview Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrage — 1 Day

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 15 yrs

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1950, to 4/23, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 11.45A m., from the causes and on the date stated above.

SIGNATURE J. W. Hurtzler (Degree or title) M.D. ADDRESS Sykesville, Md. DATE SIGNED April 24, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4-26-50 — NAME OF CEMETERY OR CREMATORY Mountain View Cemetery — LOCATION (City, town, or county) (State) Henryton - Md

DATE REC'D BY LOCAL REG. 4-25-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Thos. J. Kenny - Inc. — ADDRESS 1600 Hollins St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

P4168

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County: HOWARD

City or town: SCAGGSVILLE (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LIFE

Hospital, Institution, or street address where death occurred: RURAL

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: MD County: HOWARD

City or town: SCAGGSVILLE (If outside city or town limits, write RURAL and give nearest town)

Street No. RURAL (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME WILLIAM HENRY COON

3.(b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: MARRIED

6.(b) Name of husband or wife: MAY COON

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): AUG 10 1887

8. AGE: Years 62 Months 8 Days 9 If less than one day ... hrs. ... min.

9. Birthplace: SCAGGSVILLE HOWARD MD (Town, county, and state)

10. Usual occupation: STATE Laborer

11. Industry or business: BASEBALL PARK

FATHER 12. Name: THOMAS COON

13. Birthplace

MOTHER 14. Maiden name: MARGARET DISNEY

15. Birthplace

16. Informant: WIFE

Address: SCAGGSVILLE

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 21 1950 (month) (day) (year)

Cemetery or crematory: Emmanuel Cemetery

Location: Scaggsville, Maryland

18. Funeral director: DeWitt Donaldson

Address: Laurel, Maryland

19. 4/20/50 (Date rec'd by registrar) 19 ... Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 19 APRIL 1950 at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 1948 to APRIL 1950 and that I last saw him alive on 17 APRIL 1950

Immediate cause of death: CORONARY OCCLUSION — DURATION: immediate

Due to: CORONARY SCLEROSIS — 1-2 yrs

Due to: ARTERIO SCLEROSIS — Several yrs

Other conditions: 420.1 94a (Include pregnancy within 3 months of death)

Major findings of operation: ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Thomas R. Ulshafer MD (M.D. or other)

Address: 320 Prince George St Laurel Md Date signed: 19 Apr 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
APR 26 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04169

Reg. Dist. No.

1. PLACE OF DEATH:

County: Howard

City or town: Ellicott City (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs

Hospital, institution, or street address where death occurred: 6310 old wash Blvd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Howard

City or town: Elkridge (If outside city or town limits, write RURAL and give nearest town)

Street No.: 6310 old wash. Rd. (If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME Louise E. Dailey

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Wm S Dailey

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 11 - 1877

8. AGE: Years: 72 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore City, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Wm. J. "Betz"

13. Birthplace: Germany

MOTHER 14. Maiden name: Lumpmouth

15. Birthplace: Germany

16. Informant: Mrs John C. Betz

Address: 6310 old wash Rd.

17. Burial, cremation, or removal, which? Burial Date thereof: May 2/50 (month) (day) (year)

Cemetery or crematory: Trinity

Location: Balto.

18. Funeral director: Uhland Funeral Home

Address: 2008 Orleans St.

19. 5/1 19 50 (Date rec'd by registrar) A. W. Jekniel M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 29 1950 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1950 to Apr 29 1950 and that I last saw h... alive on Apr 29 1950

Immediate cause of death: Carcinoma of Stomach with metastasis to liver — DURATION 2 yrs

Due to: Myocarditis — 2 mo

Due to: C. Decompensation — 2 wks

Other conditions: 153 x (include pregnancy within 3 months of death)

46 e

Major findings of operations: none

Date of op.: none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: M. H. Brumbaugh M. D. or other

Address: Elkridge Md. Date signed: 4/29/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

04170

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel, Rural — LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel (Rural)
STREET ADDRESS (If rural, give location): Gorman Road

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Davis (Last) Reshet

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 5, 1919

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: department store

11. BIRTHPLACE (State or foreign country): Charlotte North Carolina

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William L. Campbell

14. MOTHER'S MAIDEN NAME: Mildred C. Fern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wm. L. Campbell, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 **Immediate cause** (a) Generalized Carcinomatosis — Interval Between Onset and Death: 6 Mos.

Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Cervix — 18 Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis, Nephrolithiasis — 2 yr.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma to pelvic lymph nodes

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/29, 1949, to 4/3, 1950, that I last saw the deceased alive on 4/1, 1950, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE: J M Warren (Degree or title) MD — ADDRESS: Laurel Md — DATE SIGNED: 4/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/4/50 — NAME OF CEMETERY OR CREMATORY: Pleasant Grove Cem — LOCATION (City, town, or county) (State): Charlotte, North Carolina

DATE REC'D BY LOCAL REG. 4/3/50 — REGISTRAR'S SIGNATURE: Sherman Shipley

24. FUNERAL DIRECTOR: DeWitt Donaldson — ADDRESS: Laurel, Md

27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04171

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6201 Wash Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural give location) 6201 Wash Blvd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Molker

4. DATE OF DEATH (Month) Apr (Day) 16 (Year) 1950

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 6/19/1860

9. AGE last birthday 89 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Owner Truck Farm

11. BIRTHPLACE (State or foreign country) Elkridge Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry B Molker

14. MOTHER'S MAIDEN NAME Angela Pelsner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs T. L. Bush, (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion — 1 day

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Myocarditis — 1 yr

(c) Senile arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 10 yrs

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr 13, 1950, to Apr 16 1950, that I last saw the deceased alive on Apr 15, 1950, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B B Baumbaugh M.D. ADDRESS 3609 Main St Elkridge DATE SIGNED 4/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/19/50
NAME OF CEMETERY OR CREMATORY St Augustines Cem
LOCATION (City, town, or county) Elkridge Md (State)

DATE REC'D BY LOCAL REG. 4/17/50
REGISTRAR'S SIGNATURE H W Hedrick
24. FUNERAL DIRECTOR John J. Cowan & Son
ADDRESS Hollins St.

DM

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04172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

not cb

Reg. Dist. No. 195

1. PLACE OF DEATH · COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: N. Laurel | LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cissel Ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia — COUNTY: Rappahannock ~~Marshall~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural give location): Rural – Marshall

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) ANN D (Last) PAGETT
4. DATE OF DEATH: (Month) APR (Day) 14 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1880
9. AGE last birthday: 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri ~~Virginia~~
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: R. B. Kindall
14. MOTHER'S MAIDEN NAME (First & middle unknown): Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Cardie Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — 9 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis — about 1 year

(c) Hypertension; Arteriosclerosis — about 25 years

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1949, to Apr 14, 1950, that I last saw the deceased alive on Apr 14, 1950, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE: Thomas R. Wilmer (Degree or title) MD | ADDRESS: 322 Prince George St Laurel Md | DATE SIGNED: 14 Apr 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4/17/50 | NAME OF CEMETERY OR CREMATORY: Lay Hill Cemetery | LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REG.: 4/17/50 | REGISTRAR'S SIGNATURE: Frank Shipley | 24. FUNERAL DIRECTOR: Wellington Waldron | ADDRESS: Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1950
BUREAU V. B.

04173

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY ~~Baltimore~~ Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 5448 Race Rd.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A. (Last) Taylor
4. DATE OF DEATH (Month) April (Day) 1 (Year) 1958

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 13, 1875
9. AGE last birthday 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman
10b. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.
11. BIRTHPLACE (State or foreign country) Davisonville, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James W. Taylor
14. MOTHER'S MAIDEN NAME Marie Hillary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Nora A. Taylor 5448 Race Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177 × Immediate cause (a) Carcinoma of Prostate

51 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1958, to April 1, 1958, that I last saw the deceased alive on March 31, 1958, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. L. Woolridge ADDRESS Elkridge Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 4, 1958
NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.
LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REG. April 4, 1958
REGISTRAR'S SIGNATURE Miss R. Bird Wilhelm
24. FUNERAL DIRECTOR Holland Funeral Home
ADDRESS 1651 Druid Hill Ave.

98847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I T

VS. A15

RECEIVED
APR 5 1950
BUREAU V. R.